

**Iowa's Application to the Edward  
Byrne Memorial Justice Assistance  
Grant (JAG) Program  
FFY 2006**

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## EXECUTIVE SUMMARY

The Iowa General Assembly recently adopted a new pseudoephedrine control law that strictly limits the availability of the one vital ingredient in the manufacture of methamphetamine. As a result, the number of clandestine meth labs seized by law enforcement has dropped dramatically along with the risks for lab fires, explosions and environmental damage. Most importantly, there are significantly fewer children exposed to the toxic chemicals associated with meth labs.

The adoption and early success of the pseudoephedrine control legislation does not mean that the state's meth problems are over. What the new law does not do, nor was it intended to do, is reduce the mushrooming demand for meth. Even before the pseudoephedrine control law was adopted, only about 20% of the meth used in Iowa was homemade. The rest entered the state via interstate drug trafficking, a practice made more deadly by the recent introduction of a purer, more addictive form of meth commonly referred to as "ice." Already Iowa was rated as having the eighth highest rate of meth use in the nation, and the percent of Iowans entering treatment for meth addiction was near an all-time high. An "ice storm" risks adding fuel to a fire that is preventable.

Trends in other drug use in Iowa have been mixed. Alcohol remains the number one drug of choice, and alcohol sales have increased 12% between fiscal years 1998 – 2004. During calendar year 2004, OWI charges adjudicated and OWI convictions were also up. In addition, the number of persons screened/admitted into treatment for alcohol abuse rose by over 3% in state fiscal year 2005. Marijuana, more potent than ever before, is the most prevalent illegal drug in Iowa, and its use remained steady over the past year. Cocaine and crack cocaine use, meanwhile, has increased. Seizures of the drug for the first nine months of 2005 have already outpaced 12-month totals for each of the 11 previous years. And after showing a dramatic drop in the percentage of adults entering treatment for cocaine dependency, that level has steadily risen each of the past three years.

Meth abuse has led to broken families and child abuse and neglect, as well as exploding criminal justice and child welfare costs. Almost half of the children on child welfare caseloads in the Council Bluffs area come from homes where the parents or caregivers have been involved in meth. In Polk County, about 85% of all child removals are the result of cases involving meth. Meanwhile, meth-related offenses made up 62% of new prison admissions in state fiscal year 2004, according to the Iowa Department of Corrections.

The U.S. Drug Enforcement Administration reports that increases in prescription drug abuse and related emergency room admissions, as well as increases in the theft and illegal resale of prescription drugs, indicate that prescription drug diversion for illicit purposes is a growing national problem. There is currently no mechanism in Iowa for accurately identifying and quantifying the diversion of controlled substances in the state. However,

16.4% of 18-64-year olds used narcotic painkillers in 2003, a 10% increase from 2001. Nationally, use of pain relievers for non-medical use among 12-17 year olds increased 833% from 1989–2002.

Iowa has gained significant ground on a number of drug control issues in the past several years. However, many challenges remain. In a time of shrinking state and federal drug control resources, Iowa must continue to prioritize and apply Byrne JAG funding in a strategic approach to gain synergy from other funding sources and to meet unmet needs.

The Office of Drug Control Policy has identified the following priorities for Iowa's 2006 Byrne Justice Assistance Grant award:

- A. Improve the well-being of Iowa citizens by reducing the abuse of alcohol, tobacco, and other drugs
- B. Reduce the supply of illegal drugs
- C. Increase the safety of Iowa citizens by enhancing the criminal justice system's response to substance abusing offenders
- D. Improve the effectiveness of the criminal justice system
- E. Maximize the effectiveness of the drug control strategy through qualitative and quantitative analysis of program processes and outcomes

*See Targeted Byrne-JAG Priorities and Programs for additional detail.*

# Data and Analysis

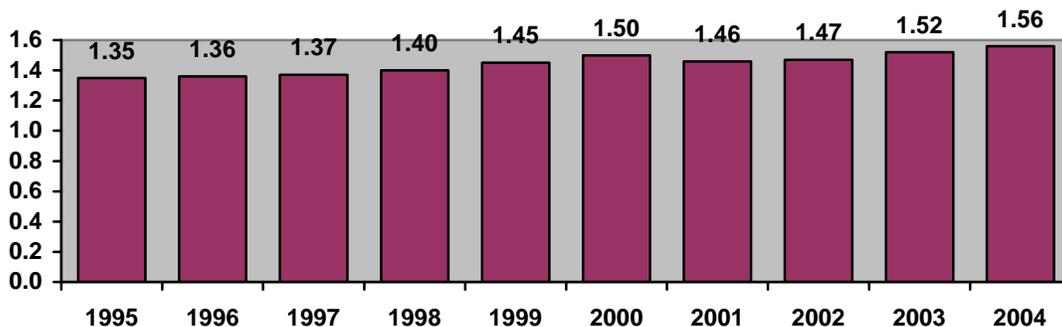
## Iowa's Adult Population

### Alcohol Use/Abuse

Historically, alcohol is the most prevalent substance of use and abuse by the adult population within the State of Iowa. Research from the “Behavioral Risk Factor Surveillance System” compiled by the federal Centers for Disease Control and Prevention indicates that almost six of every ten adult Iowans are classified as current drinkers of alcoholic beverages. Further, almost one in five adult Iowans is classified as a binge drinker of alcoholic beverages, a classification indicative of abuse of, or addiction to the substance.

In order to better understand some of the social implications resulting from the widespread use and abuse of this substance, data indicators concerning the use of alcohol, and possible results of this use and abuse, are presented below.

**Figure 1 – Absolute Alcohol Sales in Gallons Per Capita, SFY 1990 – 2004**



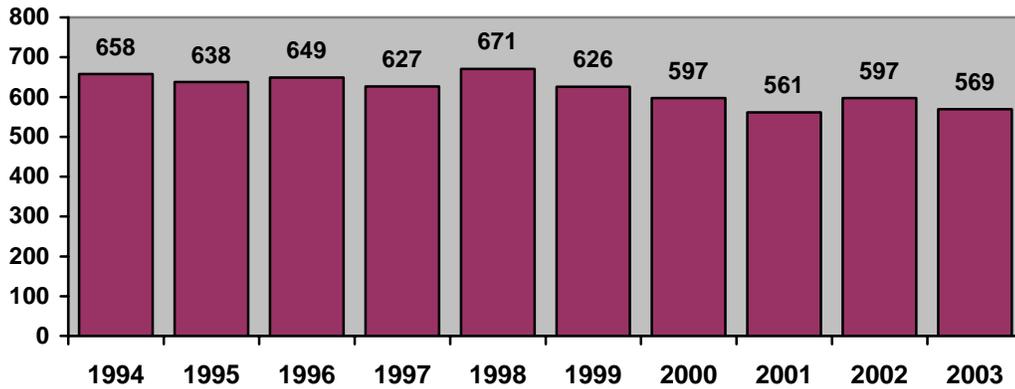
Source: Iowa Department of Commerce

Figure 1 displays data compiled by the Iowa Department of Commerce reporting the sale of alcoholic beverages within the State of Iowa, and represents by inference the consumption of those alcoholic beverages by Iowa residents. State population estimates were obtained from the Census Bureau. It should be noted that these population data include Iowans of all ages, many of whom do not consume any alcoholic beverages, or consume highly limited amounts.

Figure 1 indicates the absolute alcohol consumption per capita declined or remained constant from 1990 through 1995, reaching a low of 1.35 gallons per year in 1995. Since 1995 alcohol consumption has steadily increased reaching a high of 1.56 gallons per capita in 2004. This figure represents the combined consumption of 269 cans of beer, 17 glasses of wine and 141 mixed drinks for every man, woman and child in the state .

The use of alcohol has been implicated in certain forms of behavior that are detrimental to peace, health, safety and well-being of individuals as well as to society as a whole. Some of these behaviors are examined below.

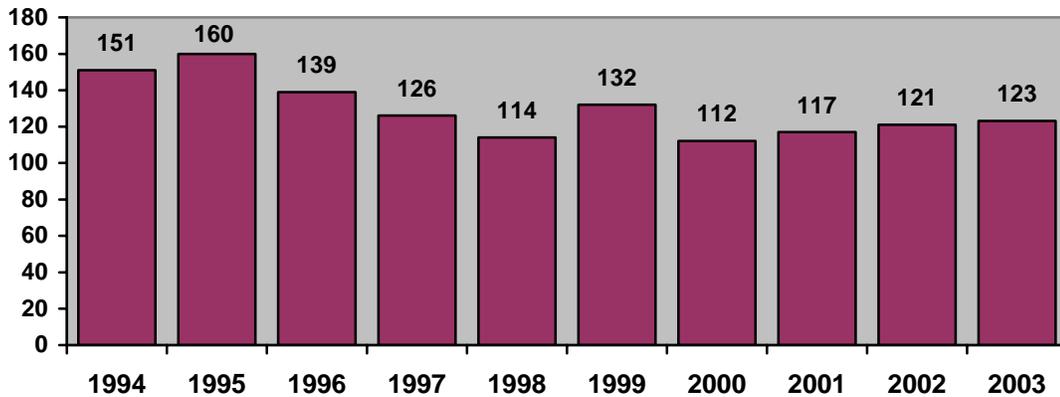
**Figure 2 – OWI Arrest Rate/100,000 Population, CY 1994 – 2003**



Source: Iowa Department of Public Safety

During the period of calendar years 1994 - 2003, more arrests were made in Iowa for OWI than for any other single criminal offense. However, with the exception of a few calendar years, Iowa has seen a steady reduction in OWI arrests per 100,000 population. The nine-year low was recorded in 2001.

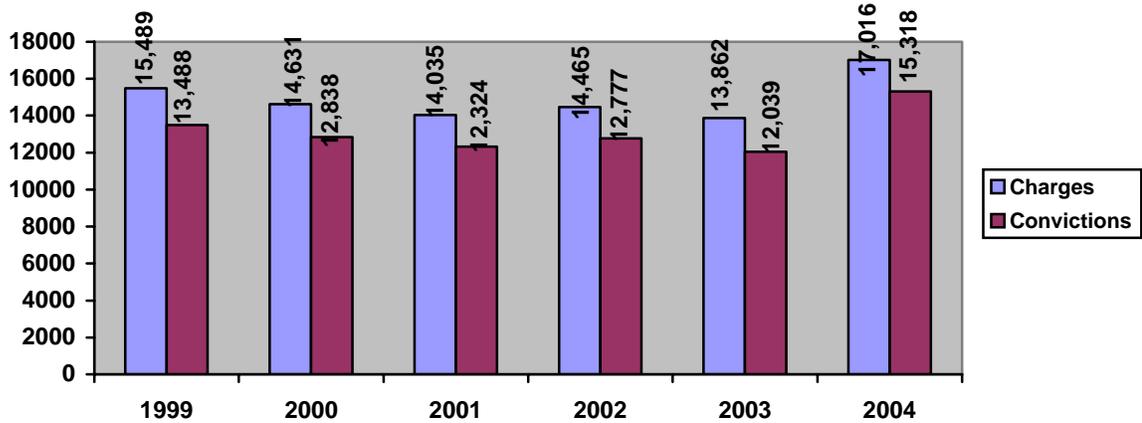
**Figure 3 – Alcohol-Related Motor Vehicle Fatalities in Iowa CY 1994 - 2003**



Source: Iowa Department of Transportation

As with OWI arrests, alcohol related motor vehicle fatalities reported by the Iowa Department of Transportation have generally declined over the past nine years. In 2000 the DOT reported the fewest alcohol related fatalities in the ten year reporting period. There were slight increases reported in each of the past three years, but the rate remains below that reported in the early and mid 1990s.

**Figure 4 – Reported Number of OWI Charges Adjudicated and Number of OWI Convictions, CY 1999 – 2004**



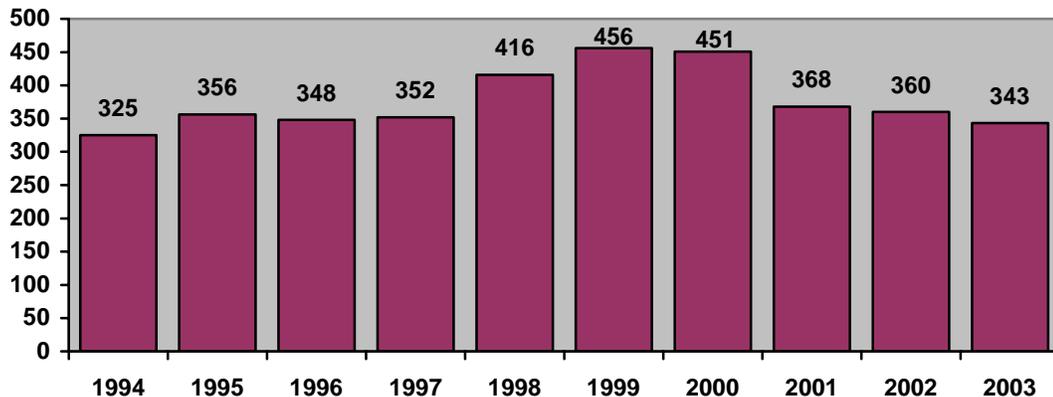
Source: Division of Criminal and Juvenile Justice Planning

*\*Charges and convictions included in this table do not include cases in which a deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Clerk of Court data compiled by the Division of Criminal and Juvenile Justice Planning (CJJP) indicates that both the number of OWI charges adjudicated and the number of OWI convictions reported by the courts have remained quite high for the reporting period. OWI adjudications represent a significant proportion of the criminal caseload in Iowa courts. In 2004, OWI represented 18% of the charges adjudicated and 27% of the overall convictions for serious misdemeanors and above. See Figure 4.

An examination of the rates for reported arrests for drunkenness (public intoxication) reveals an upward trend from 1994 – 1999, reaching a ten-year high of 456 per 100,000 population. The drunkenness arrest rate however has declined in each of the following reporting periods.

**Figure 5 – Drunkenness Arrest Rate/100,000 Population, CY 1994 – 2003**



Source: Iowa Department of Public Safety

The Iowa Department of Public Health requires all licensed substance abuse treatment providers to report to the Substance Abuse Reporting System (SARS). Among other things, the system is capable of tracking the number of clients served, along with the drug(s) of choice and post treatment outcome measures.

Outcome measures provided by the Iowa Department of Public Health show a significant impact for those involved in substance abuse treatment. According to client interviews conducted by substance abuse treatment providers six months after discharge, the abstinence rate in 2004 was 51.4%, the employment rate was 46.8% and 87.4% of treatment clients were arrest free during this time period.

**Figure 6a - Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 2005**

Primary Substance	Juvenile Clients	Adult Clients	% of Total Screens/Admissions
Alcohol	2,070 (40.1%)	22,294 (57.9%)	55.8%
Marijuana	2,683 (52.0%)	7,093 (18.4%)	22.4%
Methamphetamine	273 (5.3%)	6,005 (15.6%)	14.4%
Cocaine/Crack	68 (1.3%)	2,105 (5.5%)	5.0%
Other/Unknown	64 (1.2%)	1,018 (2.6%)	2.5%
Total			100 %

Source: Iowa Department of Public Health

**Figure 6b Primary Substance of Abuse for Clients Screened/Admitted to Substance Abuse Treatment SFY 1992 - 2005**

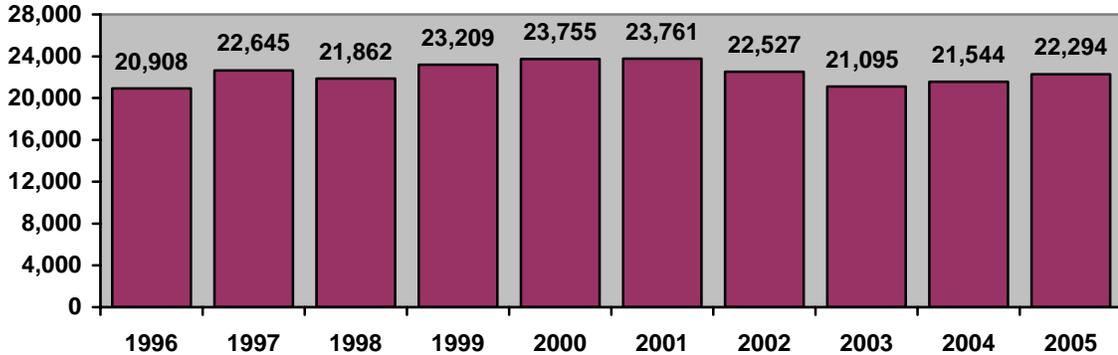
Year	Alcohol	Marijuana	Meth	Crack	Heroin	Other	Total Clients*
1992	85%	7.0%	1.0%	5%	0.5%	1.5%	22,471
1993	82%	9.0%	1.3%	5%	0.7%	2.0%	22,567
1994	78%	11.0%	2.2%	6%	0.8%	4.0%	25,328
1995	69%	14.3%	7.3%	6%	0.7%	2.7%	29,377
1996	64%	18.1%	9.1%	6%	0.5%	1.8%	33,269
1997	62.5%	19.3%	9.6%	6.3%	0.6%	1.7%	38,297
1998	60%	20%	12.0%	6%	0.5%	1.5%	38,347
1999	63%	20%	8.3%	5.6%	0.5%	1.3%	40,424
2000	62.3%	20.9%	9.4%	5.4%	0.5%	1.5%	43,217
2001	60.5%	22.2%	10.7%	4.6%	0.5%	1.5%	44,147
2002	58.5%	22.7%	12.3%	4.2%	0.5%	1.8%	42,911
2003	57.5%	21.8%	13.4%	4.6%	0.6%	1.9%	40,925
2004	55.6%	22.7%	14.6%	4.7%	0.6%	1.8%	42,449
2005	55.8%	22.4%	14.4%	5.0%	.6%	1.9%	43,692

\*In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.

Source: Iowa Department of Public Health

SARS data show that alcohol remains by far the number one substance of abuse in Iowa. The data indicate that the number of adults screened or seeking substance abuse treatment with a reported primary substance of alcohol gradually increased from 1996 through 2001. The number of alcohol related screenings/admissions reported in 2005 increased in comparison to 2004 but remains below that reported in 2001. See Figure 7.

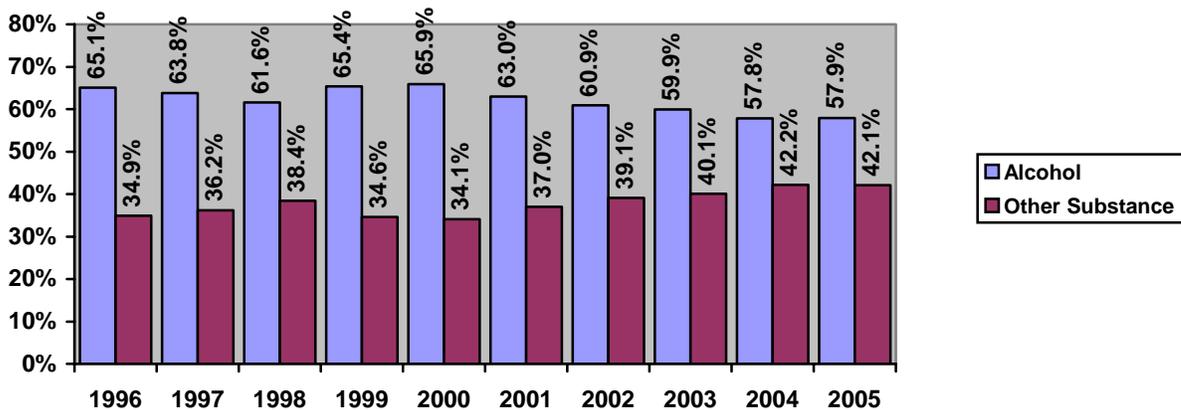
**Figure 7 – The Number of Adult Substance Abuse Treatment Screenings/Admissions Identifying Alcohol as the Primary Drug of Abuse, SFY 1996 – 2005**



Source: Iowa Department of Public Health

In recent years, as a percent of total screens/admissions, alcohol has lost ground to other drugs such as marijuana, methamphetamine and cocaine. This is partly due to the fact that screenings/admissions reported for these drugs have increased at a rate greater than that of alcohol. See Figure 8.

**Figure 8 – Primary Substance of Abuse for Adults Screened/Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2005**



Source: Iowa Department of Public Health

Adverse societal consequences resulting from the use of alcohol are not limited to criminal acts based solely upon the use of the substance such as OWI and drunkenness. A number of studies

have found that alcohol could be considered a contributing factor in the commission of a number of criminal offenses.

Although some of the data indicate a decrease in occurrence, alcohol remains the primary substance of abuse in Iowa among the adult population. The level of alcohol consumption within the state increased slowly over the past decade. The number of screenings/admissions to substance abuse treatment programs with alcohol as the primary substance of abuse remains above those reported in the mid 1990s. The number of OWI arrests and OWI court adjudications continue to burden the court system representing more than a quarter of the convictions for indictable misdemeanors and felonies.

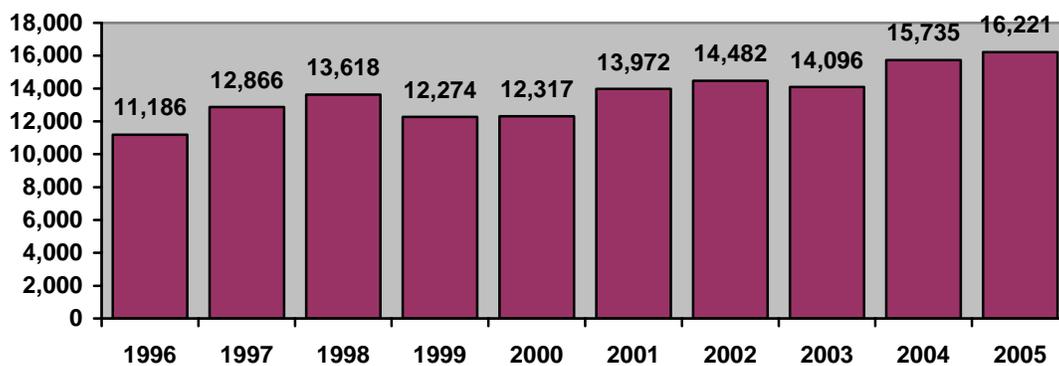
## Illegal Drug Use in Iowa – General Observations

### General Indicators of the Trend in Adult Drug Abuse in Iowa

There are several data indicators which may describe the growth or decline of illegal drug use in Iowa. One such indicator is the number of adults seeking substance abuse treatment. The SARS data indicate that the number of screenings/admissions for the treatment of a primary substance of abuse other than alcohol rose 45.0% from SFY 1996 to SFY 2005. That trend is displayed in Figure 9.

As a percentage of overall screenings/admissions to treatment, non-alcohol admissions have ranged from 34.1% to 42.2% from SFY 1996 through SFY 2005. Most recently (SFY 2005), as a percent of total admissions, non-alcohol screenings/admissions decreased slightly (.1%). See Figure 8.

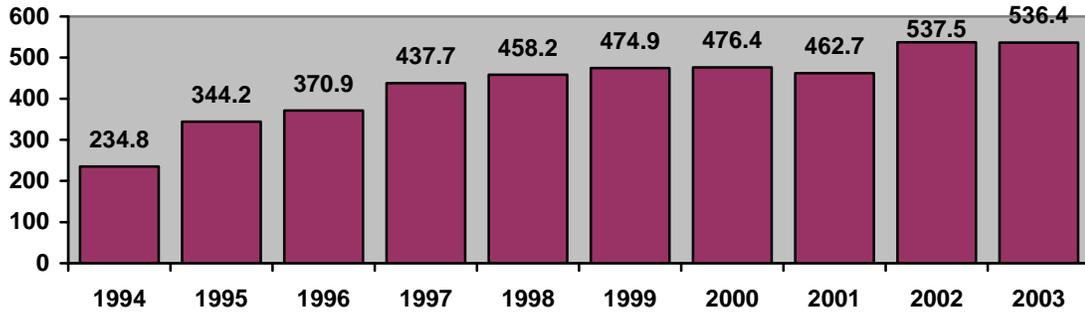
**Figure 9– SARS Reported Substance Abuse Treatment Program Screenings/ Admissions for Adults with a Primary Substance Other Than Alcohol, SFY 1996 - 2005**



Source: Iowa Department of Public Health

Another indicator is derived from data collected by the Department of Public Safety relative to the adjusted arrest rate per 100,000 population for drug related offenses. Between 1994 and 2003, the rate of reported arrests for drug offenses more than doubled. See Figure 10.

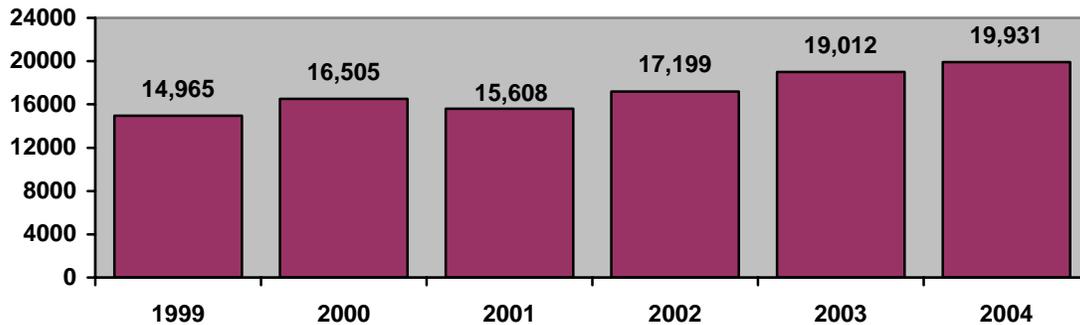
**Figure 10 – Adult Arrest Rate/100,000 Population for Drug Offenses, CY 1994 – 2003**



Source: Iowa Department of Public Safety

Data collected by the Division of Criminal and Juvenile Justice Planning illustrate two additional facets of the trend in substance abuse as relates to Iowa’s District Court System. These data are displayed in Figures 11 and 12, and include indictable misdemeanors and felonies.

**Figure 11 –Drug Charges Adjudicated, CY 1999 – 2004**

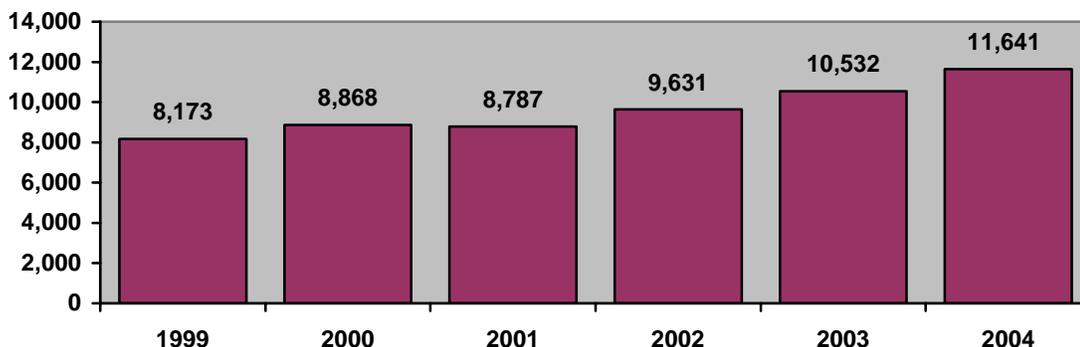


Source: Criminal and Juvenile Justice Planning

*\*Charges and convictions included in Figures 10 and 11 do not include cases whose deferred judgment resulted in the removal of the record prior to the analysis of the data. As a result, the data may underreport the number of charges and convictions.*

Figure 11 displays a 33.2% increase in the number of indictable misdemeanor and felony drug charges adjudicated by the Iowa District Court from 1999 to 2004. Drug related convictions also increased during this period (42.4%). See figure 12. Drug cases constitute a significant proportion of the court docket in Iowa, representing 21.1% of the charges and 20.7% of the convictions for indictable misdemeanors/felonies in CY 2004.

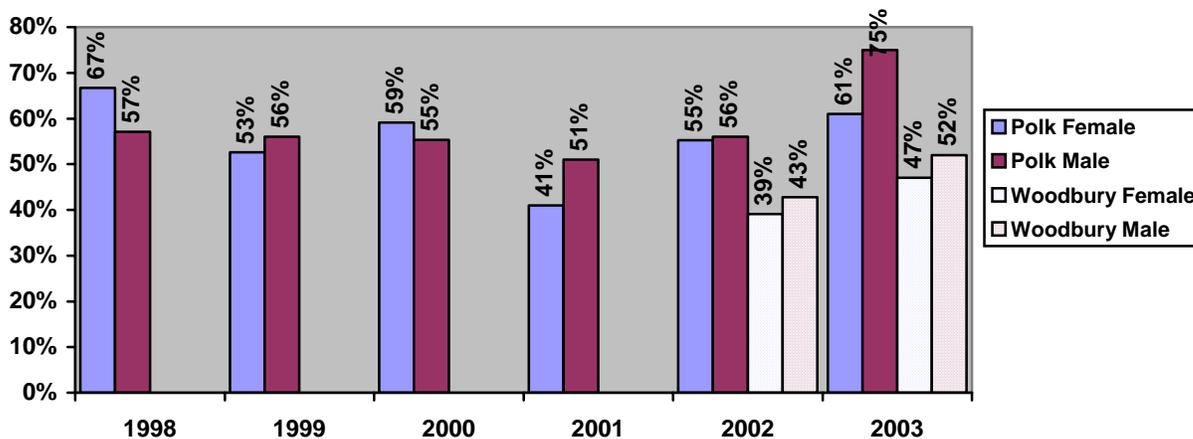
**Figure 12 –Drug Convictions, CY 1999 – 2004**



Source: Criminal and Juvenile Justice Planning

Another indicator of the levels of use and abuse of drugs can be found in data collected by the Arrestee Drug Abuse Monitoring program (ADAM). ADAM collected information on drug use and other characteristics of arrestees in Polk and Woodbury counties in Iowa from 1998 through 2003. Arrestees were tested for ten different drugs. However, to ensure that results are comparable throughout the US, results are reported nationally for the five most frequently reported drugs. The five reporting drugs include cocaine, marijuana, opiates, methamphetamine, and PCP. See figure 13.

**Figure 13 - Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Cocaine, Marijuana, Opiates, Methamphetamine or PCP, SFY 1998 - 2003**



Source: National Institute of Justice

It is understood that many of the arrestees reported in this data are under the influence of multiple drugs. It should also be noted that these data do not include alcohol. As the most

abused substance in Iowa, including alcohol would significantly increase the percent of arrestees testing positive in this study.

**Figure 14 - Percentage of Arrestees in Polk County Testing Positive for Cocaine, Marijuana, Opiates, Methamphetamine or PCP, by Offense Category, SFY 1998 – 2003**

<u>Polk County</u>	1998		1999		2000*		2002		2003	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Violent	47%	57%	47%	44%	51%	30%	44%	35%	69%	51%
Property	68%	67%	64%	54%	60%	50%	63%	59%	72%	62%
Drug	90%	67%	75%	71%	65%	100%	75%	70%	89%	63%
Domestic					42 %	0%	52%	14%	72%	33%
Other	49%	71%	55%	56%	55%	27%	53%	64%	73%	62%

Source: National Institute of Justice

Data from the ADAM study clearly indicate that individuals who use controlled substances commit a significant portion of all types of crimes. See Figure 14.

Breaking the cycle of addiction has a positive effect on the recidivism rate of offenders. In a project administered by the Iowa Department of Public Health, the Polk, Woodbury, and Scott county jails provided substance abuse treatment to jail inmates. Twelve months following their admission to treatment, 86% of those involved reported no further arrests, and over half were employed full time.

In a study conducted in 2001 by the Mid-Eastern Council on Chemical Abuse for the Iowa Department of Corrections, over 75% of those entering the state correctional system were found to be in need of substance abuse treatment. In 2005, the Department of Corrections was able to provide substance abuse treatment to 54.7% of the addicted custodial inmates and 45.5% of the addicted offenders in community corrections. See Figure 15.

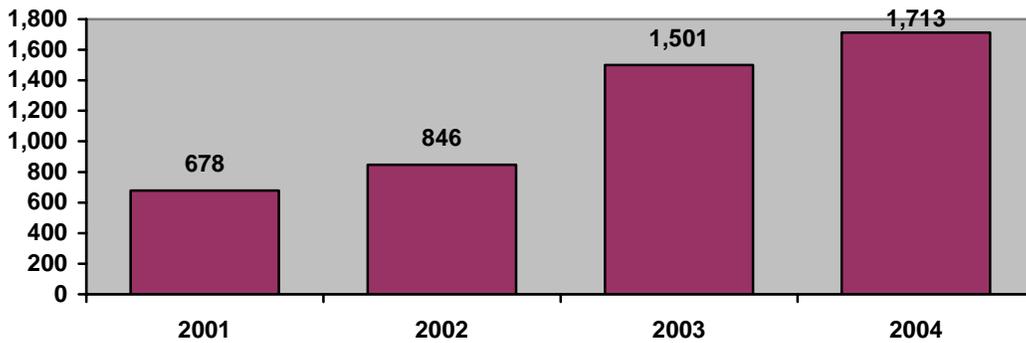
**Figure 15 - Department of Corrections Institutional and Community Based Substance Abuse Treatment FY2002 – FY 2005**

	FY 2002	FY 2003	FY 2004	FY 2005
<u>Institutions</u>				
Inmates in need of treatment	1,277	1,706	1,816	1,218
Inmates who received treatment	749	952	975	667
Percent	58.6%	55.8%	53.7%	54.7%
<u>Community Corrections</u>				
Clients in need of treatment	2,031	3,746	5,092	7,356
Clients who received treatment	889	1,729	2,470	3,343
Percent	43.8%	46.2%	48.5%	45.4%

Source: Iowa Department of Corrections

A significant portion of the drug abusing population in Iowa is in the child rearing age group. Studies have shown that children raised in drug-involved families are at a heightened risk for a variety of types of abuse and neglect. The Iowa Department of Human Services (DHS) reports on two measures of abuse, which specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed child abuse cases resulting from the presence of illegal drugs in a child's body and the second is the number of confirmed child abuse cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child. See Figures 16 and 17.

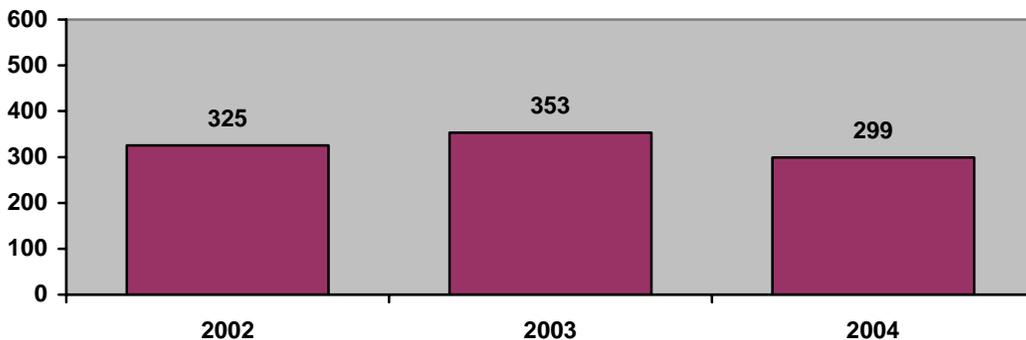
**Figure 16 - Confirmed Child Abuse Involving the Presence of Illegal Drugs in a Child's Body CY 2001 - 2004**



Source: Department of Human Services

The number of confirmed child abuse cases involving the presence of illegal drugs in a child's body increased 153% from 2001 to 2004. In addition, in 2004 the DHS reported 299 founded child abuse cases involving the manufacture of a dangerous drug in the presence of a child. Given that this is a relatively new reporting element, the data likely underreport the nature and extent of the problem.

**Figure 17 – Confirmed Child Abuse Involving Caretaker's Manufacturing of Illegal Drugs CY 2002-2004**



Source: Department of Human Services

The most current data available show the trend of drug abuse in Iowa rising from the perspective of increased arrests, court adjudications, substance abuse treatment admissions and drug related child abuse.

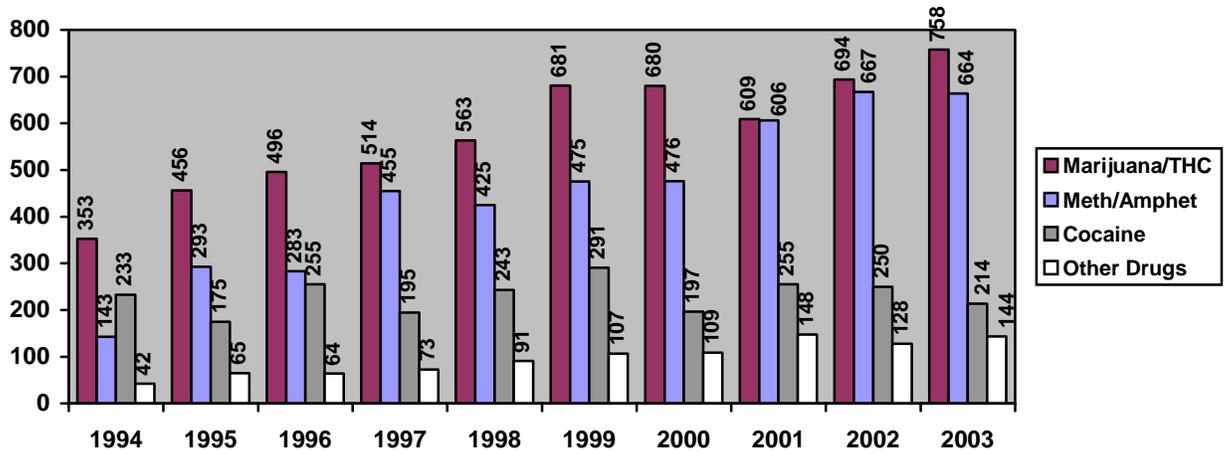
*Drug Specific Indicator Data*

**Marijuana Usage**

The data indicate that marijuana is the most prevalent illegal drug and the second most utilized substance of use/abuse by the adult population of Iowa. It also appears as if marijuana has held this distinction for quite some time.

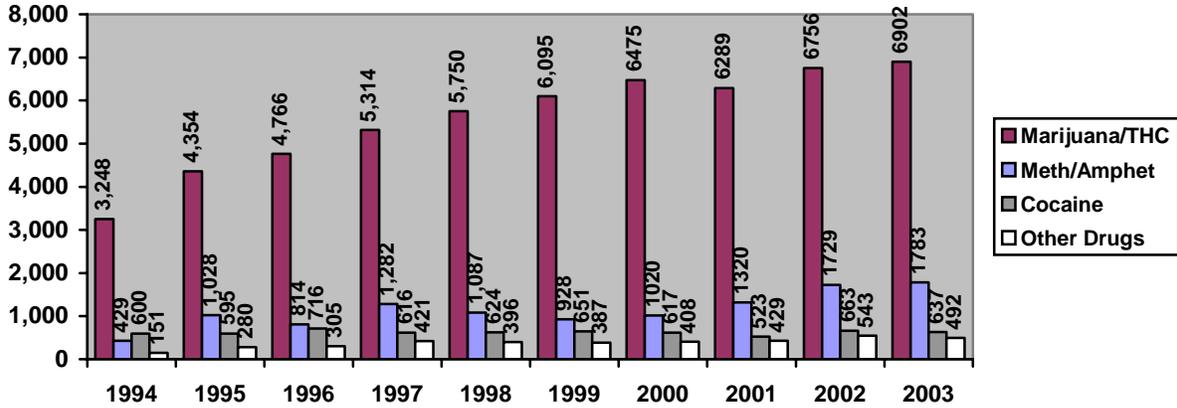
One indicator of the use of illegal drugs, such as marijuana, can be found in the number of drug offenses reported to the Department of Public Safety by law enforcement agencies for the manufacture/distribution and the possession/use of the drug.

**Figure 18 – Reported Offenses of Manufacture/Distribution of Drugs by Known Drug Type, CY 1994 - 2003**



Source: Iowa Department of Public Safety

**Figure 19 – Reported Offenses of Possession/Use of Drugs by Known Drug Type, CY 1994 –2003**



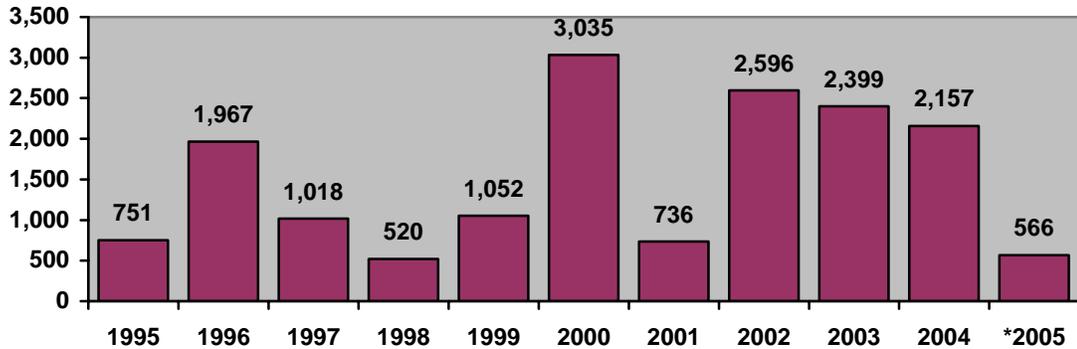
Source: Iowa Department of Public Safety

Figures 18 and 19 illustrate the prevalence of marijuana as the single illegal drug for which most offenses are reported by law enforcement. For the period of 1994 – 2003, more than four of every ten reported arrests for offenses of manufacture/distribution of drugs where the drug type was known involved marijuana. Further, during the same period, seven of every ten reported offenses for possession/use of drugs where the drug type was known involved marijuana.

Additional analysis of the data indicates that with the exception of 2001, the number of offenses involving marijuana have increased each year from 1994 to 2003. The reader is reminded of the concern regarding the non-reporting and under-reporting of DPS data, and the fact that these data under-report the number of offenses.

The Iowa Division of Narcotics Enforcement (DNE) reported a ten-year high in marijuana seizures in 2000. Since setting the record in 2000, marijuana seizures reported by DNE have generally declined. See Figure 20.

**Figure 20 – Marijuana Seizures, in Pounds, in Incidents Involving the Iowa Division of Narcotics Enforcement, CY 1994 – \*2005**

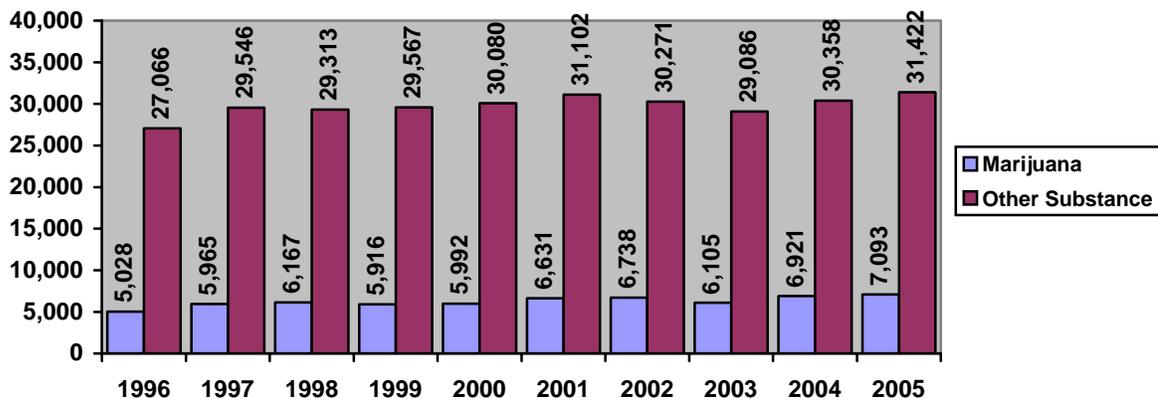


*\*Calendar year 2005 through September 30*

Source: Iowa Department of Public Safety

The prevalence of marijuana use is further demonstrated by the adult screenings/admissions to substance abuse treatment programs in Iowa. In data collected during those screenings/admissions, marijuana was the most often reported primary drug of use/abuse, other than alcohol, for adults during the period of SFY 1996 – 2005. See Figure 21.

**Figure 21– Primary Drug of Abuse for Adults Screened or Admitted to Substance Abuse Treatment Programs, SFY 1996 – 2005**



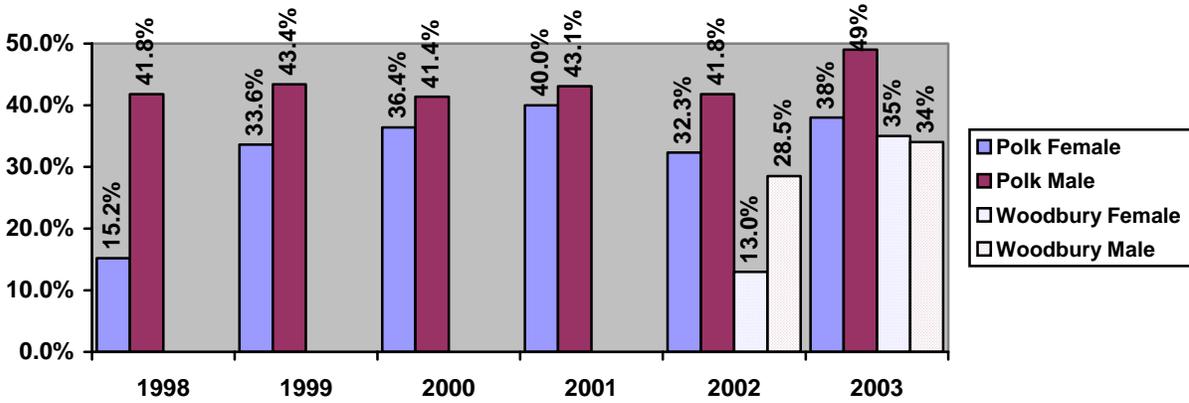
Source: Iowa Department of Public Health

Between state fiscal year 1996 and 2005, the Department of Public Health reported an increase of 41.1% in the number of clients screened/admitted with marijuana as their primary drug of choice.

The ADAM research identifies marijuana as the illegal drug of choice among arrestees in Polk and Woodbury Counties. During the reporting period, no less than 41% of males arrested in

the Polk County sample were under the influence of marijuana at the time of their arrest. Females in both Polk and Woodbury counties generally test positive at a rate lower than men, however in most years about one third of the arrested females tested positive for marijuana. See Figure 22.

**Figure 22 – Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Marijuana SFY 1998 - 2003**



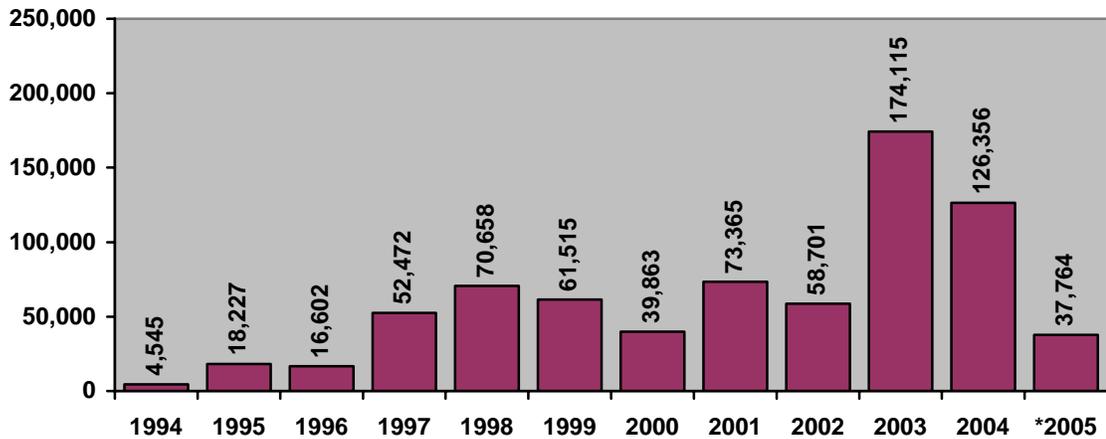
Source: National Institute of Justice

Based on the data presented above, it would seem clear that marijuana remains the drug of choice for the majority of adult Iowans that use illegal drugs.

### **Amphetamine/Methamphetamine**

In recent years, much information has been disseminated, and many concerns expressed, about the use of amphetamines/methamphetamine, among the drug abusing population of Iowa.

**Figure 23 – Iowa Division of Narcotics Enforcement Methamphetamine Seizures in Grams, CY 1994 – \*2005**



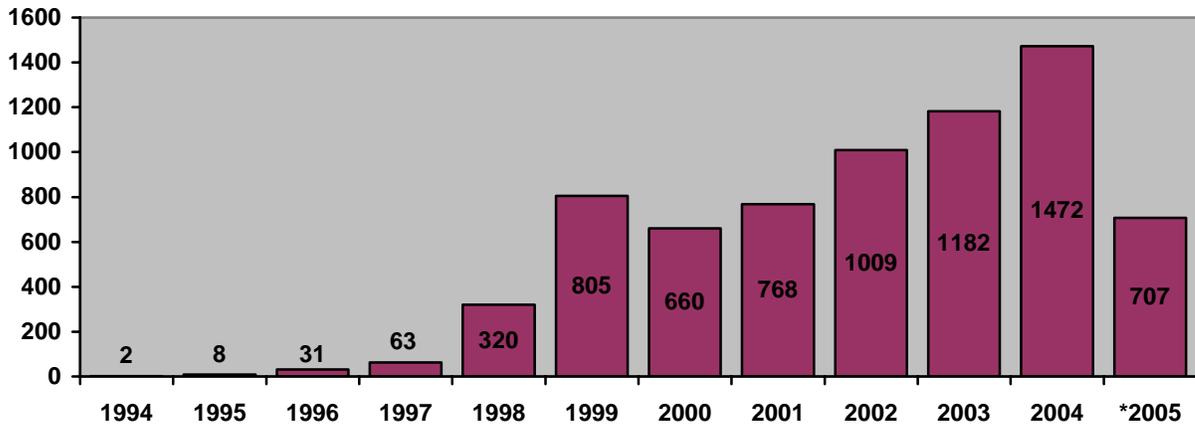
*\*Calendar year 2005 through September 30*  
 Source: Iowa Department of Public Safety

Figure 23 illustrates a significant increase in methamphetamine seizures in Iowa beginning in 1997. In 2003 the Iowa Department of Public Safety, Division of Narcotics Enforcement, seized a record 174 kilograms of methamphetamine. At the current pace in 2005, DNE will seize more than 50 kilograms of methamphetamine.

The data displayed in Figure 24 demonstrate the impressive growth in the number of methamphetamine laboratory incidents responded to by state and local law enforcement. Through the first nine months of 2005, state and local law enforcement responded on average to 16 methamphetamine laboratories per week, or more than two every day.

Due to the public safety threat posed by clandestine laboratories, a substantial amount of time and resources has been redirected in recent years from conspiracy drug enforcement to respond to clandestine laboratories. In 2005 the Iowa legislature passed legislation limiting the availability of pseudoephedrine, a key ingredient in the illegal manufacture of methamphetamine. In the four months since the new law took affect, law enforcement in Iowa have reported a preliminary 77% reduction when compared to the same period in 2004.

**Figure 24 – State and Local Methamphetamine Clandestine Laboratory Responses, CY 1994 – \*2005**



\*Calendar year 2005 through September 30  
Source: Iowa Department of Public Safety

Another indicator of the availability of methamphetamine is the price and purity of seizures. Price and purity correspond to the simple economic principals of supply and demand. As the supply of a substance increases, the price is likely to go down, and the purity level is likely to be higher. Conversely, if the supply is reduced, as a result of enforcement pressure or increased demand, the price will generally go up and the purity level will generally decline.

The price and purity of methamphetamine shown in Figure 25 indicate that the price of methamphetamine per gram has gone down slightly over the past several years. While the purity level was reduced in the late 1990s/early 2000s, recent reports show a higher purity level for Iowa Seizures.

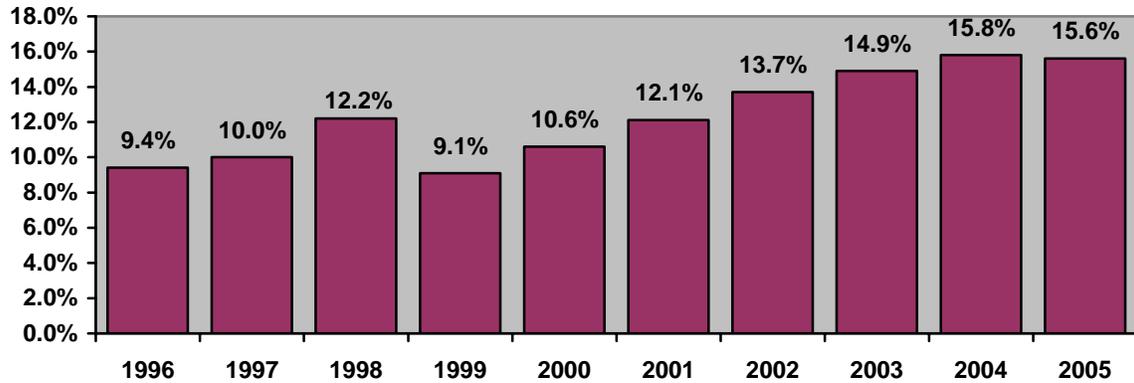
**Figure 25 – Iowa Division of Narcotics Enforcement Methamphetamine Seizure Price and Purity CY 1994 – 2004**

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Price	\$135	N/A	N/A	\$110	\$90	\$100	\$100	\$100	\$100
Purity	43%	36%	14%	22%	25%	15%	16%	23%	33%

Source: Iowa Department of Public Safety

It should be noted that other factors can have an impact on the supply/demand and price/purity of substances seized by law enforcement. As a general rule, seizures which are made in the drug distribution chain closer to the production source tend to be higher in purity. Also, the availability of alternate controlled substances may impact the supply/demand and price/purity for other drugs. Although price and purity tend to follow the economic principals of supply and demand, the distribution of illicit substances is a clandestine activity, and there are anomalies.

**Figure 26 – Percentage of Adults Screened/Admitted to Substance Abuse Treatment with Methamphetamine as the Primary Drug of Abuse SFY 1996 – 2005**

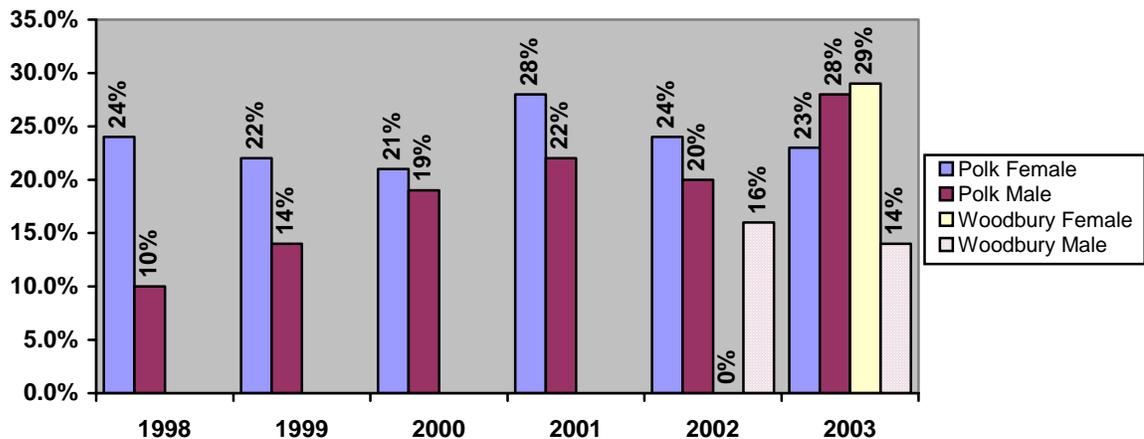


Source: Iowa Department of Public Health

Prior to the emergence of what has been referred to as Iowa’s methamphetamine epidemic in 1994 and 1995, the percent of adults screened/admitted with methamphetamine as the preliminary substance of abuse was under 3%. Since that time, according to the Iowa Department of public Health, adult methamphetamine screenings/admissions have varied from 9.1% to 15.8%. See Figure 26.

As with other treatment programs, the data garnered from the Arrestee Drug Abuse Monitoring program identifies methamphetamine as the second most abused illegal substance in Iowa. An alarming number of arrestees tested positive for methamphetamine in the Polk county sample in 2003, with nearly one in every four testing positive. See Figure 27.

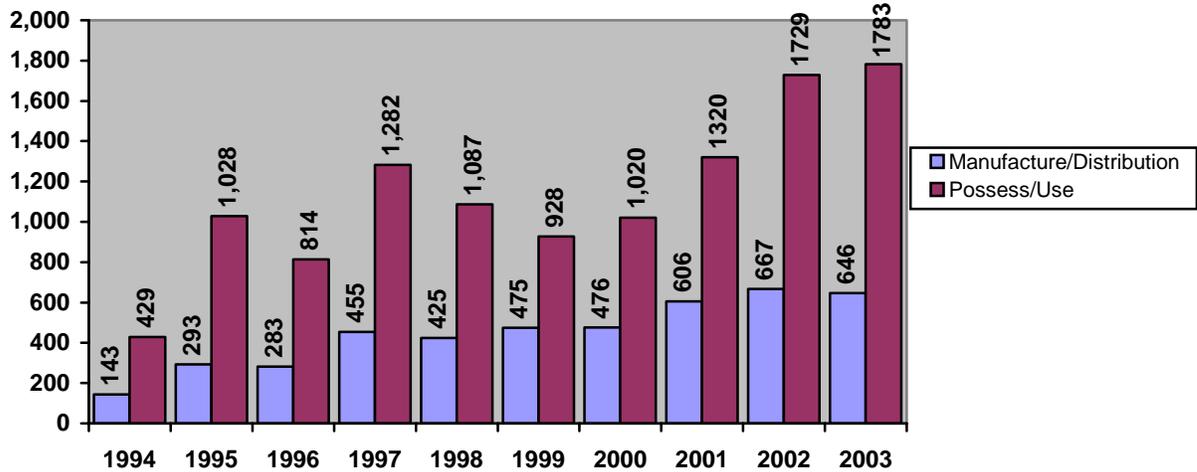
**Figure 27 – Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Methamphetamine SFY 1998 - 2003**



Source: National Institute of Justice

The number of law enforcement reported offenses for methamphetamine possession/use has nearly doubled in the most recent 5 year reporting period. Methamphetamine manufacture/distribution offenses increased 36.0% in the past 5 reporting periods. These data are portrayed in Figure 28.

**Figure 28 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Methamphetamine, CY 1994 – 2003**

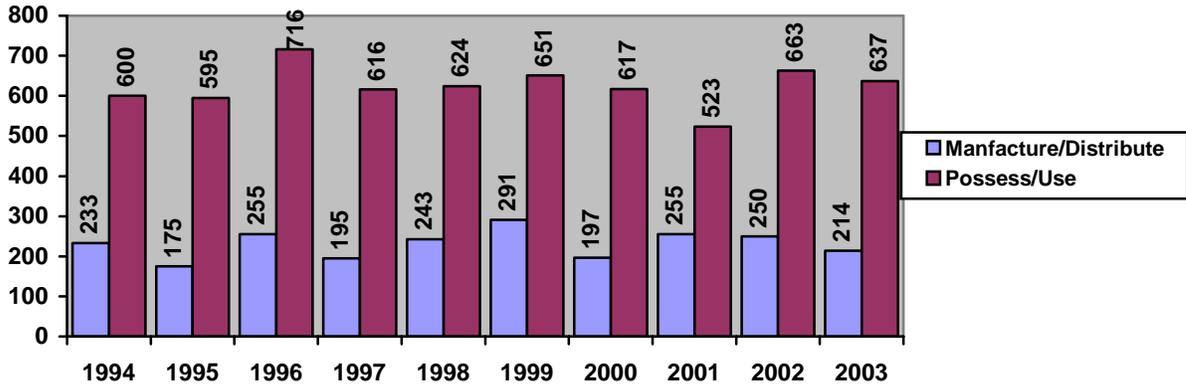


Source: Iowa Department of Public Safety

### Cocaine/Crack Cocaine

Until the recent growth in the use/abuse of methamphetamine, the second most prevalent illegal drug in Iowa was cocaine/crack cocaine. Overshadowed by the rise in the use of amphetamine/methamphetamine, cocaine use represents a smaller but still significant challenge.

**Figure 29 – Law Enforcement Reported Offenses of Manufacture/ Distribution and Possession/Use of Cocaine/Crack Cocaine, CY 1994 – 2003**

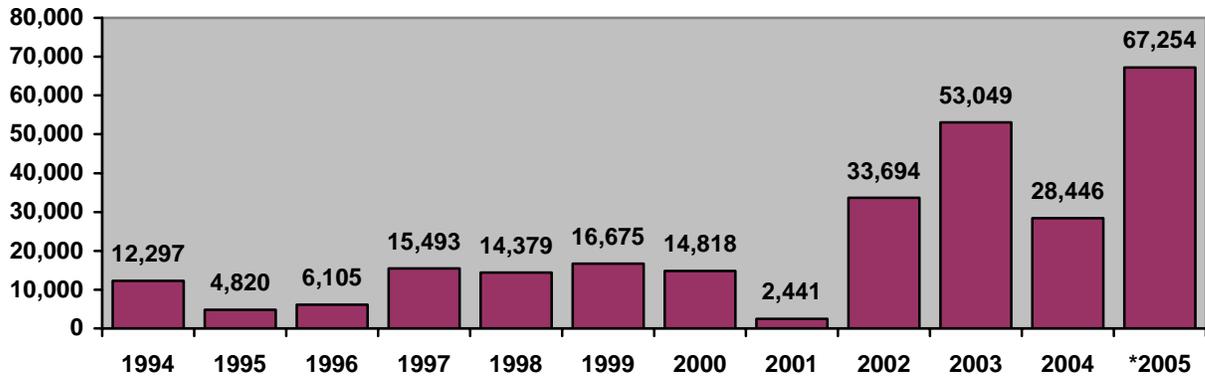


Source: Iowa Department of Public Safety

Figure 29 illustrates that for the most recent year for which data is available, possession/use arrests associated with cocaine is well below that reported for the late 1980s. Arrest rates for cocaine manufacture/distribution have varied a great deal for the years examined, ranging from a low of 175 to a high of 291. Calendar year 2003 posted a below average rate of 214 per 100,000 population.

The amount of cocaine/crack cocaine seized in incidents involving the Iowa Division of Narcotics Enforcement will reach a 12-year high in 2005. Through the first nine months of 2005, the Division has already exceeded the previous record set in 2003. See figure 30.

**Figure 30 – Cocaine/Crack Cocaine Seizures, in Grams, Involving the Iowa Division of Narcotics Enforcement CY 1994 – \*2005**



\*Calendar year 2005 through September 30

Source: Iowa Department of Public Safety

As shown in Figure 31, the price of cocaine increased steadily through 2003 and then dropped significantly in 2004. The purity level of cocaine seizures have fluctuated between 61% and 84% during the review period.

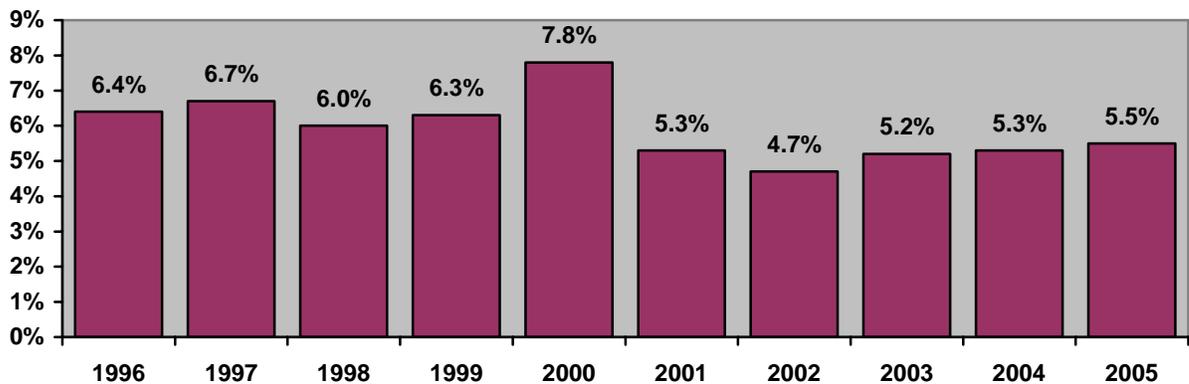
**Figure 31 – Iowa Division of Narcotics Enforcement  
Cocaine Seizure Price and Purity CY 1994 – 2004**

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Price	\$130	\$130	\$130	\$130	\$150	\$150	\$150	\$150	\$100
Purity	71%	69%	84%	64%	61%	65%	74%	57%	78%

Source: Iowa Department of Public Safety

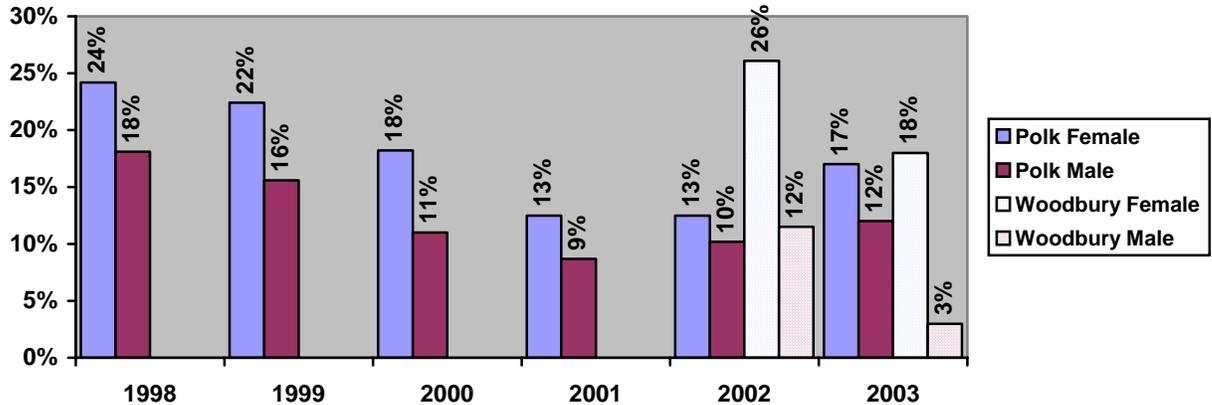
The primary substance of abuse for individuals assessed with substance use/abuse issues and those seeking treatment for substance abuse issues may also be indicative of the level of prevalence of a specific drug. Figure 32 illustrates that the percentage of adults entering substance abuse treatment programs with cocaine as their primary substance of abuse was at a ten-year low in SFY 2002 and has increased slightly over the past three years.

**Figure 32 – Percentage of *Adults* Entering Substance Abuse Treatment Programs  
with a Primary Substance of Abuse of Cocaine, SFY 1996 – 2005**



Source: Iowa Department of Public Health

**Figure 33 – Percentage of Arrestees in Polk and Woodbury Counties Testing Positive for Cocaine/Crack SFY 1998 - 2003**



Source: National Institute of Justice

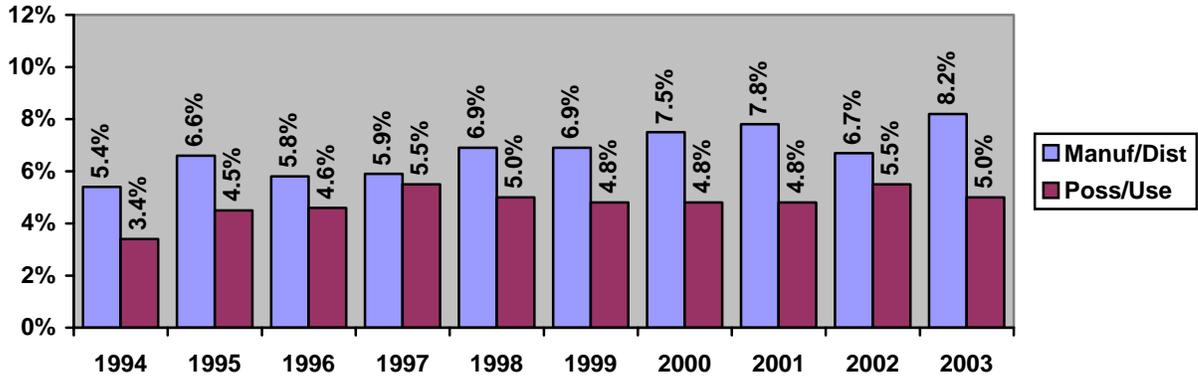
As with methamphetamine, a higher percentage of female arrestees tested positive for cocaine than male arrestees. While a significant percentage of arrestees continue to test positive for cocaine in Polk County, the rate in 2003 was lower than that reported in 1998 for both males and females.

Based on the data indicators illustrated above, it would appear that cocaine/crack cocaine continues to represent a drug of substantial use/abuse among the drug using population in Iowa.

### **Other Drugs**

Marijuana, methamphetamine and cocaine/crack cocaine constitute only three of the illegal drugs used in Iowa today. Other drugs such as heroin, LSD and PCP also play a role in the overall problem of substance and drug abuse within the state. However, analyses of the data indicate that the levels of prevalence of these other drugs and substances as the drug of choice among the substance abusing population are relatively low. See Figures 34 & 35.

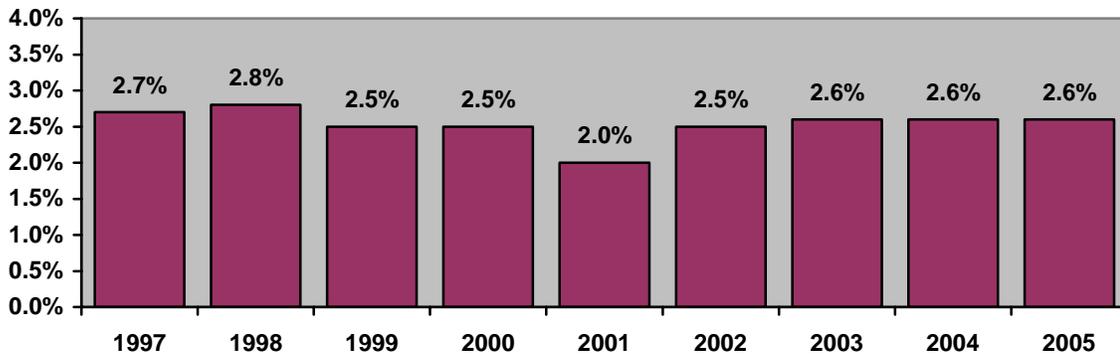
**Figure 34 – Percentage of Drug Offenses Reported by Law Enforcement for Known Drugs Other than Alcohol, Marijuana, Cocaine/Crack Cocaine and Amphetamine/Methamphetamine, CY 1994 – 2003**



Source: Iowa Department of Public Safety

During the ten-year period examined, the percentage of offenses for both the manufacture/distribution and possession/use of all known drugs other than alcohol, marijuana, amphetamine/methamphetamine and cocaine/crack cocaine was at the lowest level in 1994. Between 1994 and 2003, the percentage of arrests for both categories of offenses rose, but at a slow rate, with increases of 2.8% and 1.6% of the total offenses respectively. See Figure 34.

**Figure 35 – Percentage of *Adult* Substance Abuse Treatment Screening/Admissions with a Primary Drug of Abuse Other than Alcohol, Marijuana, Amphetamine/Methamphetamine and Cocaine/Crack Cocaine, SFY 1997 – 2005**



Source: Iowa Department of Public Health

Figure 35 indicates that during the period examined, the percentage of individuals being admitted to a substance abuse treatment program whose primary drug of abuse is other than alcohol, marijuana, cocaine/crack cocaine or amphetamine/methamphetamine remained low and relatively stable.

There are many drugs that are used/abused within the State of Iowa. All indications are that the drugs marijuana, methamphetamine and cocaine/crack cocaine are, in the order indicated, the most used/abused illegal drugs by adult Iowans. Together, they constitute the drugs involved in approximately 95% of the reported drug arrests. They also constitute the primary illegal drugs listed for over 95% of adults screened/admitted for treatment.

Concerns are growing over recent anecdotal information which suggests an increase in the importation of crystal methamphetamine into Iowa. The increase in crystal meth or “ice” is disturbing due to the fact that ice is typically much purer than its powder counterpart. The physical, psychological, addictive, and social impact of this purer form of the drug is expected to be more acute.

Recent national research has demonstrated an increase in the abuse/misuse of prescription and over-the-counter drugs. Efforts are underway in Iowa to measure the scope of this problem, especially among youth, and to prevent it from escalating.

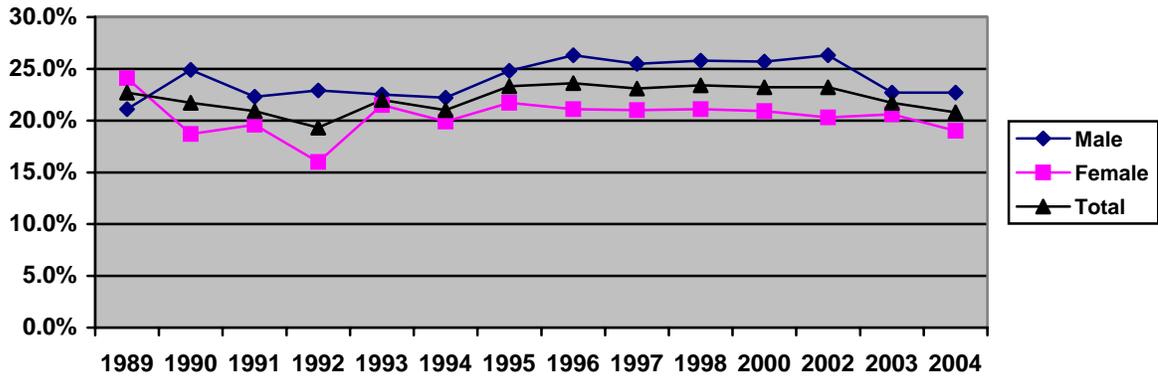
So-called “club drugs” or “predatory drugs” such as Ecstasy, Rohypnol and Gamma-Hydroxybutyrate (GHB) have garnered attention in recent years due to their purported association with the rave subculture and in particular their use among young people. To date in Iowa, these substances have not been reported as the primary substance of use for a great deal of treatment screenings/admissions nor have there been large quantities of these substances seized by law enforcement. However, they warrant attention to prevent larger problems.

## **Tobacco**

Tobacco, like alcohol, is a legal substance for adults under current federal and state law. Much data and information have been published by the federal Centers for Disease Control, the Iowa Department of Public Health, American Lung Association and many other organizations in attempts to inform the general public of the possible dire consequences associated with the use of various tobacco products regardless of the method of use (e.g., smoking, chewing, etc.). Based on analyses of the data compiled by these organizations, it is estimated that 265.6 of every 100,000 Iowa deaths are related to smoking – nearly 4,600 deaths annually. It is further estimated that smoking results in the loss of 13.4 years of potential life. In 2002 the estimated cost of smoking-related illnesses in Iowa was \$1,618,000,000 (\$794 million in annual health care costs, and \$824 million in lost productivity). Smoking prevention efforts have been formulated and instituted in an attempt to reduce the number of citizens engaged in the use of this health endangering substance.

The levels of tobacco use among adult Iowans can be seen in Figure 36. These data are compiled by the National Center for Chronic Disease Prevention and Health Promotion of the federal Centers for Disease Control and published as part of the Behavioral Risk Factor Surveillance System (BRFSS).

**Figure 36 – Percentage of Current Male, Female and Total Smokers, CY 1989 - 2004**



Source: Center for Disease Control

Between 1995 and 2004, the percent of Iowans who smoke tobacco ranged from 20.8% to 23.6%. In the past two years, the rate dropped an encouraging 2.4%. This decline is largely due to a 3.6% decrease in reported smoking by male Iowans during this time period.

## Iowa's Youth Population

The Iowa Youth Survey (IYS) is a self-reporting survey that has been conducted every three years since 1975. The survey was most recently conducted in the fall of 2002, and utilized the same questions as the 1999 survey. Both surveys sought responses from youth in grades 6, 8, and 11 from public and non-public schools across Iowa. In 1999 a total of 85,426 students responded, and in 2002 that number increased to 96,971. Students answered questions about their attitudes and experiences regarding substance abuse and violence, and their perceptions of their peers, family, school and neighborhood/community environments. The 1999 and 2002 survey differed from previous years in both the methodology used to implement the survey and the students who were asked to participate. While previous surveys were given to just a sample of students, the 1999 IYS sought participation from all school districts and all students in grades 6, 8, and 11, as well as 14-18 year-old students in alternative programs. Thus true comparisons with prior surveys are not possible. Results of the 2005 survey will be available in 2006.

### Tobacco

**Figure 37 – Percent of Students Self-Reporting the Use of Tobacco, Comparison of 1999 and 2002**

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	20%	14%	4%	2%	15%	19%	38%	29%	21%	15%	18%	12%
Ever	33%	24%	9%	6%	28%	29%	57%	47%	34%	26%	30%	22%

Source: Iowa Department of Public Health

IYS survey results displayed in Figure 37 show that by the 11<sup>th</sup> grade, over half of the students reported past use of tobacco in 1999 and slightly less than half in 2002, a 10% decline – meaning fewer new tobacco users. In both 1999 and 2002 approximately one in three eleventh graders reported current use of tobacco (used a tobacco product in the past 30 days).

### Alcohol

The Iowa Youth Survey also compiled data regarding the use of alcohol by the population surveyed. See Figure 38.

**Figure 38 – Percent of Students Self-Reporting the Use of Alcohol, 1999 and 2002**

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	27%	23%	7%	6%	22%	18%	49%	44%	27%	22%	25%	22%
Ever	47%	42%	20%	17%	43%	38%	75%	71%	49%	44%	43%	40%

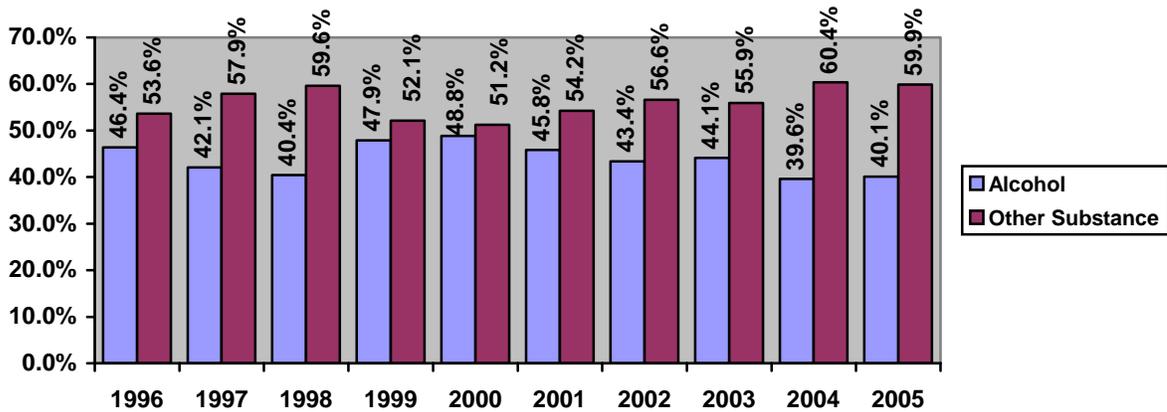
Source: Iowa Department of Public Health

While there have been some slight decreases since the 1999 IYS, the data indicate that almost half (44 percent) of 11<sup>th</sup> graders surveyed responded that they had consumed an alcoholic

beverage in the past 30 days. Equally concerning is that nearly one in five 8<sup>th</sup> grade students reported current use (consumed one or more drink in the past 30 days).

SARS data report the primary substance of abuse for all screens/admissions to substance abuse treatment programs, including those of youths. Unlike the adult population, youth screens/admissions with alcohol identified as the primary substance of abuse make up less than 50% of total admissions for each of the years reviewed. See Figure 39.

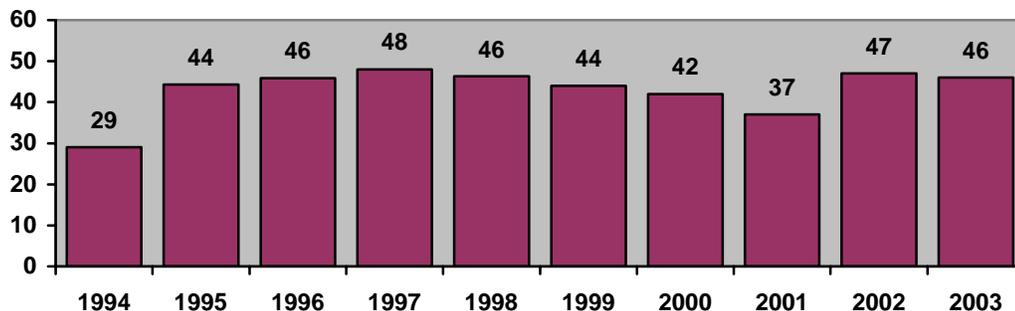
**Figure 39 – Percentage of Youth Screens/Admissions to Substance Abuse Treatment Programs with a reported Primary Substance of Abuse of Alcohol, SFY 1996 – 2005**



Source: Iowa Department of Public Health

Iowa law enforcement reported a four-year decline in the juvenile OWI arrest rate from 1997 – 2001. There was a sharp increase in 2002 followed by a slight decrease in 2003. See Figure 40.

**Figure 40 – Arrest Rates for Persons Under 18 Years of Age for OWI per 100,000 Youth Iowa Residents, CY 1994 – 2003**



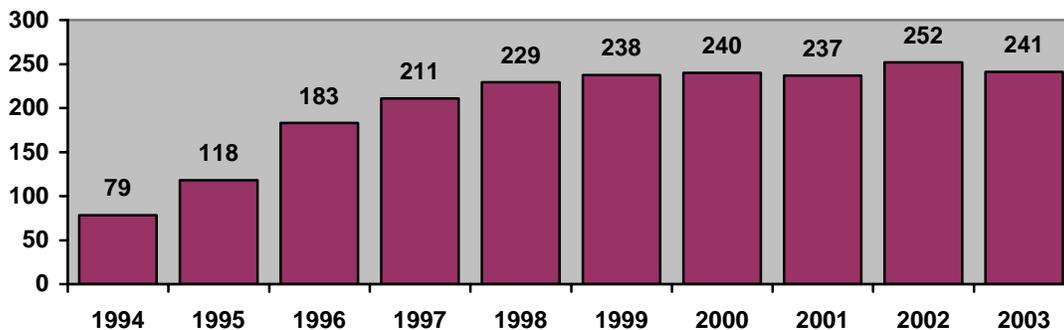
Based on self-reported use, substance abuse treatment screens/admissions and arrest rates, it would appear that alcohol remains a substantial problem for the youth of Iowa.

### General Indicators of the Use of Other Drugs by Iowa Youth

Elsewhere in the Drug Use Profile regarding the youth population of Iowa, there will be discussions about specific drugs other than alcohol. In these discussions, it should be understood that the term “drug(s)” refers to illicit substances such as methamphetamine, cocaine, THC/marijuana, etc.

Data are currently collected reflecting the general trend in youth substance abuse in Iowa. One general indicator of the trend of substance abuse among youth can be found in the rate of juvenile arrests reported for drug offenses. The arrest rate rose from 79 per 100,000 population in 1994 to a record 252 per 100,000 in 2002, an increase of 219% for the period. See Figure 41.

**Figure 41 – Juvenile Arrest Rate per 100,000 Juvenile Residents for Drug Offenses, CY 1994 – 2003**



### Marijuana

The Iowa Youth Survey shows that marijuana is the illicit drug of choice among youth. As Figure 42 shows, eight percent of all youth surveyed in 1999 reported that they currently use marijuana, and 17% of 11<sup>th</sup> graders reported current use of marijuana. These figures dropped very little in the 2002 survey. Additionally, of the high school juniors surveyed 35% in 1999 and 34% in 2002 reported having used marijuana at some point in their lifetime.

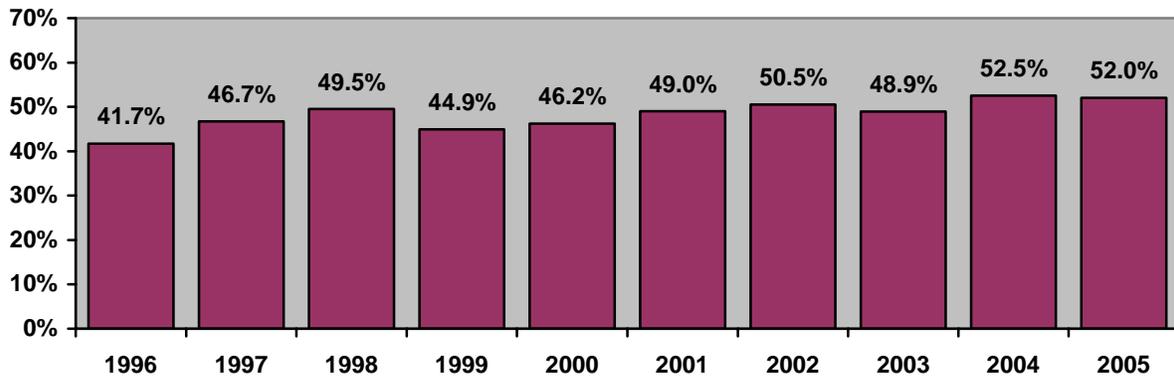
**Figure 42 - Percent of Students Self-Reporting the Use of Marijuana, 1999 and 2002**

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	8%	7%	1%	1%	6%	5%	17%	15%	9%	8%	7%	6%
Ever	17%	15%	2%	1%	11%	9%	35%	34%	18%	16%	15%	13%

Source: Iowa Department of Public Health

SARS data as shown in Figure 43 also illustrate that marijuana is the primary illicit drug of choice among Iowa youth, and that its prevalence as the drug of choice for this population has remained fairly steady for the period of time included in this review. It should be noted that in SFY 2002, for the first time more youth were screened/admitted for marijuana than all other substances combined.

**Figure 43 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Marijuana as Primary Drug SFY 1996 – 2005**



Source: Iowa Department of Public Health

### Amphetamine/Methamphetamine

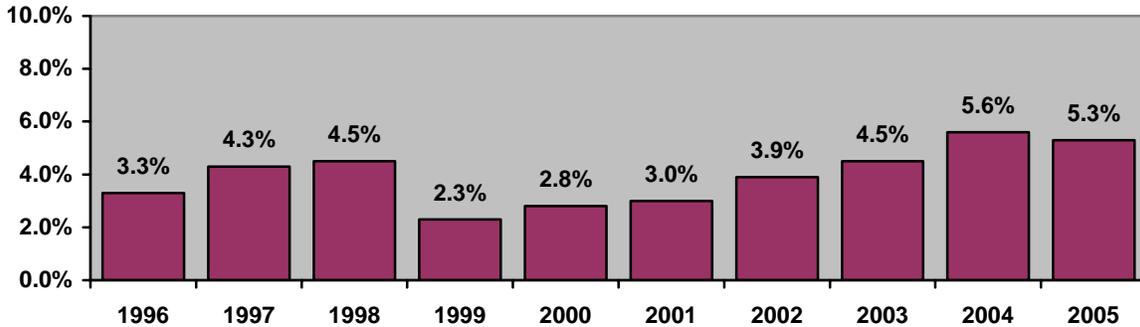
The next most prominent illicit drug of choice among adolescents, according to the Iowa Youth Survey and the SARS data is amphetamine/methamphetamine as shown in Figures 44 and 45 below.

**Figure 44 - Percent of Student Self-Reporting the Use of Amphetamine/Methamphetamine - 1999 and 2002**

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	4%	3%	0%	0%	3%	2%	7%	7%	4%	4%	7%	3%
Ever	8%	7%	2%	2%	5%	3%	17%	13%	8%	7%	7%	5%

Source: Iowa Department of Public Health

**Figure 45 – Percentage of Youth Screenings/Admissions to Substance Abuse Treatment Programs with Amphetamine/Methamphetamine as Primary Drug SFY 1996 – 2005**



Source: Iowa Department of Public Health

After a significant reduction in SFY 1999, there has been a steady increase in the percentage of youth screened/admitted to substance abuse treatment programs with amphetamine/methamphetamine as the primary drug of abuse.

**Inhalants**

The use of inhalants by adolescent Iowans has been publicized from time to time with reports of untimely deaths by certain abusers. According to the Iowa Youth Survey, inhalants were the next most popular substance of abuse among adolescents. See Figure 46.

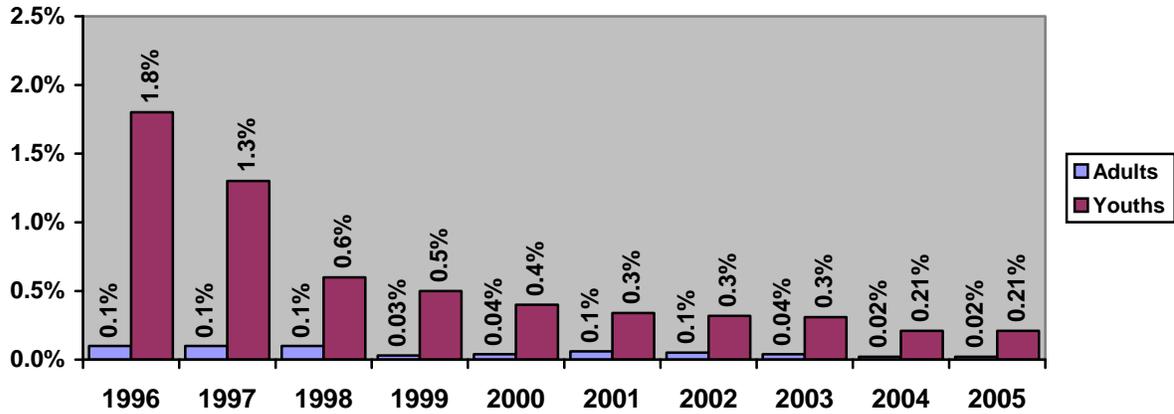
**Figure 46 - Percent of Student Self-Reporting the Use of Inhalants 1999 and 2002**

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	3%	2%	2%	2%	3%	3%	3%	2%	3%	3%	2%	2%
Ever	8%	6%	4%	4%	9%	7%	11%	9%	9%	7%	7%	5%

Source: Iowa Department of Public Health

Examination of the SARS data indicates that the degree of use of inhalants is more prominent among youth in comparison to adults (see Figure 47). They also indicate that the prevalence of these substances as a “drug of choice” for juveniles has decreased in recent years.

**Figure 47 – Percentage of Screenings/Admissions to Substance Abuse Treatment Programs with Inhalants Indicated as the Primary Substance of Abuse SFY 1996 – 2005**



Source: Iowa Department of Public Health

**Cocaine/Crack Cocaine**

Right behind inhalant use by youth is the use of cocaine/crack cocaine. The 1999 Iowa Youth Survey shows that two percent of all youth surveyed report the current use of cocaine/crack cocaine, in 2002 that number dropped to 1%. Overall there was little change in Cocaine/Crack Cocaine usage between 1999 and 2002. See Figure 48.

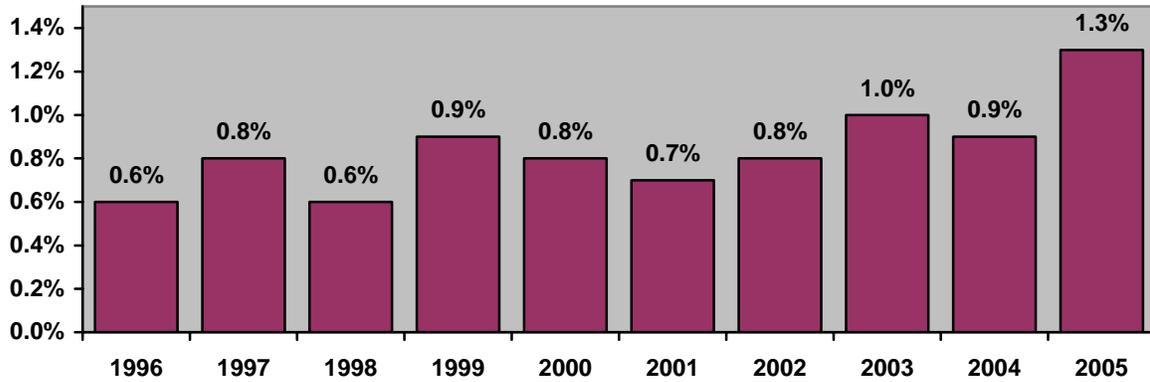
**Figure 48 - Percent of Student Self-Reporting the Use of Cocaine/Crack Cocaine 1999 and 2002**

	Total		Grade 6		Grade 8		Grade 11		Males		Females	
	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002	1999	2002
Current	2%	1%	0%	0%	1%	1%	3%	3%	2%	2%	1%	1%
Ever	4%	3%	1%	1%	2%	2%	7%	6%	4%	3%	3%	2%

Source: Iowa Department of Public Health

Data depicting the prevalence of cocaine/crack cocaine as the primary substance of abuse for juveniles as reported for screens/admissions to substance abuse treatment programs is shown in Figure 49.

**Figure 49 – Percentage of *Youth* Screenings/Admissions to Substance Abuse Treatment Programs Reporting Cocaine/Crack Cocaine as the Primary Substance of Abuse SFY 1996 – 2005**



Source: Iowa Department of Public Health

These data indicate that while the prevalence of cocaine/crack cocaine as the primary substance of abuse within the youth substance abusing community remains low and relatively constant during the reviewed period.

### **Other Drugs/Substances**

Analyses of the data available indicate that besides those drugs and substances specifically discussed above, all other drugs and substances used/abused by the youth constitute less than 3% of reported substances abused. Notwithstanding the relative low use rates, there are trends which require continuing vigilance. Nationally, prescription drug use among young people is on the rise as is the use of certain over the counter medications such as dextromethorphan (DXM).

## Targeted Byrne-JAG Priorities and Programs

The following statewide targeted priorities and programs are a result of a larger comprehensive drug control and criminal justice planning process involving all areas of the criminal justice system and the substance abuse treatment and prevention fields.

- A. **Priority** - Improve the well-being of Iowa citizens by reducing the abuse of alcohol, tobacco, and other drugs
  - increase the involvement of parents, law enforcement and the community in substance abuse prevention for children and youth
  - maximize the coordination of prevention resources
- B. **Priority** - Reduce the supply of illegal drugs
  - disrupt drug distribution networks and the related patterns of serious criminal activity
  - through joint operations and shared intelligence and resources, enhance the effectiveness of criminal justice agencies in identifying, investigating, apprehending, and prosecuting drug traffickers
  - improve the operational effectiveness of law enforcement by targeting drug distribution operations on a regional basis.
- C. **Priority** - Increase the safety of Iowa citizens by enhancing the criminal justice system's response to substance abusing offenders
  - introduce and enhance programs directed at reducing recidivism rates for offenders
  - provide alternatives to incarceration for non-violent drug-involved offenders
  - enhance the delivery of treatment and aftercare services to adult and juvenile non-incarcerated drug-dependent offenders
  - improve community responses to substance abuse and violent crime related issues
  - improve the general public's perception of the criminal justice system
  - provide intensified treatment intervention and supervision services to high-risk probationers and parolees
- D. **Priority** - Improve the effectiveness of the criminal justice system
  - improve the quality of drug control technology
  - improve the criminal and juvenile justice system's response to domestic and family violence
  - provide intervention, treatment, and supervision services for families involved in the criminal justice system
  - enhance citizen participation in local-level prevention and intervention projects
  - improve the operational effectiveness of the court process by ensuring the accountability of offenders
  - improve the ability of criminal justice agencies to share information
  - increase the amount of restitution that the community receives from criminal offenders
- E. **Priority** - Maximize the effectiveness of the drug control strategy through qualitative and quantitative analysis of program processes and outcomes

Iowa's allocation for the JAG grant in federal fiscal year 2005 is expected to be \$1,800,000. Of the program funds, a minimum of 48.19% must be passed through to local jurisdictions and a maximum of 51.81% may be passed to state agencies through an annual competitive grant process.

## COORDINATION EFFORTS

Formula grant funds are administered by the Office of Drug Control Policy, headed by the state Drug Policy Coordinator. The Coordinator is directed by state statute (Iowa Code Chapter 80E) to do the following:

- coordinate and monitor all statewide drug enforcement efforts
- coordinate and monitor all state and federal substance abuse treatment grants and programs
- coordinate and monitor all statewide substance abuse prevention and education programs in communities and schools
- help coordinate the efforts of the state Departments of Corrections, Education, Public Health, Public Safety, and Human Services
- assist in the development and implementation of local and community strategies to fight substance abuse
- submit an annual report concerning state substance abuse activities and programs, including a needs assessment of substance abuse treatment programs and drug enforcement
- provide advisory budget recommendations relating to substance abuse treatment, enforcement, and prevention and education

The Coordinator chairs the 15-member Drug Policy Advisory Council, which is responsible for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention and treatment. Council membership consists of representatives from the state Departments of Corrections, Education, Human Services, Public Health, and Public Safety, a licensed substance abuse treatment specialist, a prosecuting attorney, a substance abuse treatment program director, the statistical analysis center director, a prevention specialist, a judge, and three law enforcement officers. Non-voting members include the United States Attorneys from the Northern and Southern Districts of Iowa, a member of the Iowa National Guard, and the director of the Iowa Consortium for Substance Abuse Research and Evaluation.

To provide direction for developing policies and programs, the Council has worked to identify and develop a series of databases specifically devoted to the organization and retention of information that describes a variety of alcohol and other substance abuse indicators. This information is reviewed and discussed regularly, and is used for making policy and program recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention, treatment and criminal justice. In addition, the data indicators serve as the foundation of the Iowa Drug Control Strategy